PTQ/S8/17 (10-08)

Approved for use through 08/30/2010, OMB 0651-0032
U.S. Parem and Trademark Office, U.S. DEPARTMENT OF COMMERCE

For	ANS		1	Application Nur	nher	09/645.827		
For		SMILL		Application Number 09/645			45.827	
Applicant claims small e	FY 2	FEE TRANSMITTAL				Date August 25, 2000		
		For FY 2009				······································		
				Examiner Name	e	Aboagye, Michae	I	
TOTAL 44401 NIT OF \$ ****	Applicant claims small entity status. See 37 CFR 1.27			Art Unit 1793		***************************************		
TOTAL AMOUNT OF PAYM	ENT (S) 270	ľ	Attorney Docke		1000.06		
METHOD OF PAYMENT	(check a	I that apply)						
Check Credit Card Money Order None Other (phrase identify):								
✓ Deposit Account Deposit Account Number 504102 Deposit Account Name: Houston Eliseeva LLP								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
Charge establishment states and the limit to								
Credit any overpayments of fee(s) underpayments of fee(s)								
WARNING: Information on this information and authorization of	form may b	ecome public. Cre-	dit card info	n bluode noiteme	ot be ince	uded on this form. P	rovide credit card	
FEE CALCULATION			***************************************	***************************************				
1. BASIC FILING, SEAR	CH. AND	EXAMINATION	FEES					
	FILING	FEES		CH FEES	EXAN	INATION FEES		
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee	Small Entity (\$) Fee (\$)	Fees Paid (\$)	
Utility	330	165	540	270	220	5-70-AT-4		
Design	220	110	100	50	140			
Plant	220	110	330	165	170			
Reissue	330	165	540	270	650			
Provisional	220	110	0	0	000			
2. EXCESS CLAIM FEE		110	0	U		v	Small Entity	
Fee Description							Fee (\$)	
Each claim over 20 (in						52	26	
Each independent claim over 3 (including Reissues)						220	110	
Multiple dependent cla						390	195	
	Extra Clai	ms Fee (\$)	Fee.	Paid (\$)		***************************************	pendent Claims	
- 20 or HP = HP = highest number of local of	Andrea and a	X	=			Fee (\$)	Fee Paid (\$)	
	Extra Clai			Paid (\$)				
- 3 or HP *		х						
HP = highest number of indepe		s paid for if greater	than 3.					
. APPLICATION SIZE F If the specification and of	frawings							
listings under 37 CF	R 1.52(e)), the application	m size fee	due is \$270 (3	\$135 for	small entity) for	each additional 50	
sheets or fraction the Total Sheets	Extra She	ets <u>Numb</u>	per of each	ind 37 CFR 1. 1 additional 50 ((round up to 8	or fractic	n thereof Fee	(S) Fee Paid (S)	
L OTHER FEE(S)		/ 500 =		troowe ab to a	wice in		Fees Paid (\$)	
Non-English Specification, \$130 fee (no small entity discount)								
Other (e.g., late filling surcharge): Appeal Brief \$640 less \$270 paid for Appeal Brief filled on 10-27-08 270								
IBMITTED BY								

SUBMITTED BY							
Signature	/grant houston/	Registration No. (Allomey/Agent) 35,900	Telephone 781-863-9991				
Name (Print/Type)	1 Count Unication		Date September 29, 2009				